Request For Continued Examination (RCE) Transmittal

Address to: Mail Stop RCE Commissioner for Patents Randolph Building, 401 Dulany Street

Application Number	10591263)
Filing Date	July 11, 2007	
First Named Inventor	James A. RUSSELL	
Confirmation No.	9299	
Art Unit	1634	
Examiner Name	Amanda Marie SHAW	
Attorney Docket Number	BUSSELL 6	

Alexandria, Virginia 22	314		,			_	
This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application. Request for Commund Examination (RCE) practice under 37 CF. I.114 does not apply to any utility or plat application filled prior to June 8.1995, or to any deepsr application. See Instruction Short for RCEs (not to be submitted to USPTO) on page 2.							
Submission required under 37 C.F.R.1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not (with to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).							
	Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.						
=							
b. Enclosed							
i. 🛛 An	nendment/Reply i	iii.	Informa	ation Disclos	ure Statement (IDS)		
iiAf	fidavit(s)/Declaration(s)	iv. 🛛	Other	Appendix 1			
2. Miscellaneous							
Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _months, (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required).							
b. Other							
U Ap							
i. 🛛 RO	DE fee required under 37 CFR 1.17(e) \$.405.00						
	tension of time fee (37 CFR. 1.136 and 1.17): \$		for <u>3</u> r	months			
	her	.,					
a. Check in	the amount of \$ enclosed (Chec	k No					
b. Authoriz	ation is submitted herewith for payment by credit	card in th	e amour	nt of \$960.00	<u>)</u> .		
c. 🛛 The dire	ctor is hereby authorized to charge any underpays	ment or c	redit any	y overpayme	ent with respect to this RCE to Depos	sit	
	Account No. <u>02-4035.</u>						
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.							
 Provisional extension of time if needed. Applicants authorize any charge of additional fees (except issue fee) that may be required in connection with this application to Deposit Account No. 02-4035. 							
SIGNATURE OF APPLICANT, ATTORNEY, AGENT REQUIRED							

ı	SIGNATORE OF AFFEIGANT, ATTORNET, AGENT REGULED							
I	Name (Print/Type)	Shmuel Livnat	Registration No. (Attorney/Agent)		33949			
Į	Signature	/Shmuel Livnat/	Date	April 08, 2011				